SUMMARY SHEET

	Change in Company's premium or rate	e level produced by rate revision effective	3/1/09		
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>		
	Private Passenger				
	Commercial				
2.	Automobile Physical Damage				
	Private Passenger				
_	Commercial				
3.	Liability Other Than Auto	76,475,895	0		
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other				
	Line of Insurance				
	filing only apply to certain territory (te MMERCIAL PACKAGE	erritories) or certain classes? If so, specify:			

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Currently our Loss Cost Multiplier's (LCM) are structured to provide three rate levels with some companies at a standard or manual rate level and others with either a + or - 25% rate deviation. We are now proposing a single LCM that will be utilized by all companies.

To mitigate this premium impact to our customers, we are introducing a Loss Adjustment Factor (LAF) in the rating algorithm. The rate effect of revising the LCM's was estimated for each coverage and industry group. The LAF factor was calculated to offset this rate impact, and achieve overall revenue neutrality by coverage for each industry group.

** Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR Name of Company

Name of Company

Robert E. Wolfrom, Sr. Regulatory Specialist

Official - Title

H29219D

Form (RF-3) SUMMARY SHEET SPRINGFIELD, ILLINOIS Change in Company's premium or rate level produced by rate revision effective (3)(2) (1) Percent Annual Premium Volume (Illinois)* Change (+ or -)** Coverage Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3,365,677 **Burglary and Theft** Glass **Fidelity** Surety **Boiler and Machinery** Fire **Extended Coverage** Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

COMMERCIAL PACKAGE

2.

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4. 5.

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8.

9.

10.

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12.

13.

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15.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Currently our Loss Cost Multiplier's (LCM) are structured to provide three rate levels with some companies at a standard or manual rate level and others with either a + or - 25% rate deviation. We are now proposing a single LCM that will be utilized by all companies.

To mitigate this premium impact to our customers, we are introducing a Loss Adjustment Factor (LAF) in the rating algorithm. The rate effect of revising the LCM's was estimated for each coverage and industry group. The LAF factor was calculated to offset this rate impact, and achieve overall revenue neutrality by coverage for each industry group.

* Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

> ACE Property & Casualty Insurance Company

> > Name of Company

Robert E. Wolfrom, Sr. Regulatory Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	08-01-08 NB, 09-01-08 REN
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$2,985,355	1.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
15. Other Line of Insurance		
Line of insulance		
Does filing only apply to certain territory (te	erritories) or certain classes? If so, speci	fy: <u>No</u>
Brief description of filing. (If filing follows ra We are filing to adopt revised rates applica	tes of an advisory organization, specify ble for Commercial Umbrella policies.	organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rat	es.
	A1400	Incurance Company
	AMCO_	Insurance Company Name of Company
		наше от сопрату
	Marie Saf	reed - State Filing Specialist
	Warte Gar	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 2 1 2008

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate leve	I produced by rate revision effective	6/1/2008 NB & RB
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
١.	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	\$567,618	13.1%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	os filing only apply to certain territory (tel	rritories) or certain classes? If so, specify:	
יטם	es ming only apply to certain territory (ter	Thories) of certain desses: if so, specify.	
	ef description of filing. (If filing follows rates are selected to the enclosed Actuarial Memorandum.	tes of an advisory organization, specify orga	
	ljusted to reflect all prior rate changes. hange in Company's premium level whic	ch will result from application of new rates. American Fir	e and Casualty Company
		Nar	me of Company
		Kelly Joslyn, Sr.	Technician, Regulatory Filing
			Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 1 5 2008

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		01/01/2009	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		·
3.	Liability Other Than Auto	\$159,540	-11.1%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify	
Brie	ef description of filing. (If filing follows ra	ates of an advisory organization, specify or	ganization):
Part	of a group filling to revise company deviations fo	r a couple of companies.	
	djusted to reflect all prior rate changes. Change in Company's premium level wh	nich will result from application of new rates	s .
		American Guaran	tee and Liability Insurance Company
			Name of Company
		Cheryl I	Nelson - Business Analyst
			Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 2 0 2008

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $ _$		el produced by rate revision effective	01/01/2009	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private			
2.	Passenger Commercial			
۷.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto	\$2,174,776	-25.0%	
4.	Burglary and Theft	33,111,111		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
1 1 .	Inland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
15.	Other			
	Line of Insurance			
D	- Slice out out to contain to with a //to	writeries) or cortain classes? If so, specific		
DO	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:		
Brie	ef description of filing. (If filing follows ra	tes of an advisory organization, specify orga	anization):	
Part	of a group filling to revise company deviations for	a couple of companies.		
*Ac	ijusted to reflect all prior rate changes.		•	
**C	hange in Company's premium level whi	ch will result from application of new rates.		
		American 7	urich Incurance Company	
		the state of the s	urich Insurance Company me of Company	
		IN a	ine of Company	
		Chand No	lson - Business Analyst	
			Official - Title	



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	11-15-2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		-
3. Liability Other Than Auto	\$179,742.	-8.14%
4. Burglary and Theft		
F Class		
6. Fidelity	10000	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (te Change only applies to code 25060, which is	rritories) or certain classes? If so, spec the code for Insurance Agents Errors	cify: This filing applies to all territories. and Omissions.
Brief description of filing. (If filing follows rate "per \$1,000 on excess of \$2,500,000" rate the rate from \$1.84 to \$0.92. This change is	for our Insurance Agents Errors and C	organization): We are amending the Omissions coverage. We are reducing
	Miles .	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whicl	n will result from application of new rate	s.
	The Cincinnati Insu	rance Company - FEIN 31-0542366
	THE OHIGHNAU HIS	Name of Company
	Connie Peterto	onjes - Senior Filings Specialist
		Official Title



ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	11/15/2008	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery	\$46,457,827.	-0.54%
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other		
for Premises/Ops. and for Products per base rates for Premises/Ops and Product Brief description of filing. (If filing follows effect combining Increased Limits and base rate combining Increased Limits and base rate.)	(territories) or certain classes? If so, specification filing designation number GL-2006-Lts. All territories are included in the change are rates of an advisory organization, specify use rate revisions result in an overall net effect of remesis/Ops and Products net effects com	ALL-1. Also being amended are our es. or organization): Our Premises/Ops net ect of -1.53%. Our Products net effect 1.69%. Our overall net effect for all
revisions) is -0.54%. *Adjusted to reflect all prior rate changes		
Ghange in Company o promisin level in	The Cincinnati Insu	rance Company - FEIN 31-0542366 Name of Company
	Connie Peterto	MAY 2 2 2008 SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 6/15/2008

	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change <u>(+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$140,471	0.28%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	 -		
8.	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other:		
1	Does filing only apply to certain territous te	ory (ies) or certain class 97047 Landscape Gar	ses? If so specify: dening
	Brief description of filing. (If filing folkorganization): Rates for Pesticide of no ISO rating for it.	ows rates of an advisor r Herbicide Applicator (

Hastings Mutual Insurance Company
Name of Company

Kathleen R Davis, CPCU, ARM Product Development Manager Official-Title

MAY 2 3 308

SPRINGFIELD, ILLINOIS

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in the Company's premium level which will result from the application of new rates.

(Change in Company's premium or rat	e level produced by rate revision effective	37H09LLINOIS
	(1)	(2)	(3)
	. ,	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	8,942	0
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	filing only apply to certain territory (to MERCIAL PACKAGE	erritories) or certain classes? If so, specify	:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Currently our Loss Cost Multiplier's (LCM) are structured to provide three rate levels with some companies at a standard or manual rate level and others with either a + or - 25% rate deviation. We are now proposing a single LCM that will be utilized by all companies.

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Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

> Indemnity Insurance Company of North America

> > Name of Company

Robert E. Wolfrom, Sr. Regulatory Specialist

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 2 0 2008

Form (RF-3)

SUMMARY SHEESPRINGFIELD, ILLINOIS

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	5,854	0
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Currently our Loss Cost Multiplier's (LCM) are structured to provide three rate levels with some companies at a standard or manual rate level and others with either a + or - 25% rate deviation. We are now proposing a single LCM that will be utilized by all companies.

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* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Insurance Company of North America		
Name of Co	mpany	
Robert E. Wolfrom, Specialist	Sr. Regulatory	

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

	Change in Company's premiu effective August 1, 2008	m or rate level produced	by rate revision
_	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2	Automobile Physical Damag Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft	539,197	-8.00%
5. 6.	Glass Fidelity		
7. 8. 9.	Surety Boiler and Machinery Fire		
10. 11.	Extended Coverage Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril		
14. 15.	Other		
	Life of Insurance		THE WOOD OF INCURANCE
	Does filing only apply to certain Classes? If so,	n territory (territories) or o	certain DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
	specify:		MAY 1 4 2008
٠	Brief description of filing. (If fill Organization, specify	ling follows rates of an ac	SPRINGFIELD, ILLINOIS
	organization): both premises operations		mmercial General Linbile
	*Adjusted to reflect all prior rat **Change in Company's premi rates.	_	from application of new
	1 al 63.		erican Insurance
	· y		me of Company
		Beverly	Barber - Compliance

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

Change in Company's preeffective August 1,	emium or rate level produce	MAY 1 4 2008 d by rate revision
effective August 1,	2006	SPRINGFIELD, ILLINOIS
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Priva Passenger Commercial	te	
Automobile Physical Dam Private Passenger Commercial	nag	
Liability Other Than Auto	1,141,009	-8.00%
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
Fire		•
Extended Coverage		
Inland Marine	· 	
Homeowners		
Commercial Multi-Peril		
Crop Hail	<u> </u>	
Other Life of Insurance		
Does filing only apply to o Classes? If so, specify:	ertain territory (territories) o	r certain
Brief description of filing.	(If filing follows rates of an a	advisory
Organization, specify		
organization):		s for all classes for
both premises operati	ons and products on	Commercial General L
*Adjusted to reflect all pric **Change in Company's prates.	or rate changes. remium level which will resu	ult from application of new
	Iowa Mu	utual Insurance
		ame of Company
	Beverly	y Barber - Compliabce
		Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1)	(2) Annual Pre		(3) Percent
Coverage	Volume (Illin	<u>nois) *</u>	Change (+or-) **
Automobile Liability Private Passenger			
Commercial			
Automobile Physical Damag Private Passenger			•
Commercial			
Liability Other Than Auto	\$1,605,000		-4.2
Burglary and Theft		DIVISIO	N OF INSURANCE
Glass	***************************************	1 PE	CEIVED
Fidelity			V 7 2008
Surety		N	IAY X 7 2008
Boiler and Machinery			wole -
Fire		SPRI	NGFIELD, ILLINOIS
Extended Coverage			
Inland Marine			
Homeowners			
Commercial Multi-Peril	***************************************		
Crop Hail			
Other			
Life of Insurance			
Does filing only apply to certa	in territory (terri	tories) or c	ertain
Classes? If so,			
Classes? If so, specify: no no	iling follows rate	es of an ad	visorv
Classes? If so, specify: no Brief description of filing. (If f	iling follows rate	es of an ad	visory
Classes? If so, specify: no Brief description of filing. (If f Organization, specify	J		•
Classes? If so, specify: no Brief description of filing. (If f	revision to our rates	and rules for use with	our Employment Practices Liability Insurance Progra
Classes? If so, specify: no Brief description of filing. (If f Organization, specify organization):	revision to our rates	and rules for use with	our Employment Practices Liability Insurance Progra
Classes? If so, specify: no Brief description of filing. (If f Organization, specify organization):	revision to our rates	and rules for use with	our Employment Practices Liability Insurance Progra classes other than Health Services or Legal Services.
Classes? If so, specify: no Brief description of filing. (If f Organization, specify organization): *As a result of our experience review, we are reducing the reason of the result of	revision to our rates ninimum premiums for the Emp nate changes. nium level which	and rules for use with loyment Practices for N will result	our Employment Practices Liability Insurance Progra classes other than Health Services or Legal Services.
Classes? If so, specify: no Brief description of filing. (If f Organization, specify organization): -As a result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review.	revision to our rates ninimum premiums for the Emp nate changes. nium level which	and rules for use with loyment Practices for will result American Ins	our Employment Practices Liability Insurance Progra classes other than Health Services or Legal Services. from application of new surance Company
Classes? If so, specify: no Brief description of filing. (If f Organization, specify organization): -As a result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review, we are reducing the result of our experience review.	revision to our rates ninimum premiums for the Emp ate changes. nium level which Markel	and rules for use with loyment Practices for will result American Ins	from application of new surance Company e of Company

SUMMARY SHEET

	revision effective 07/01/08	· _	(2)
		(2) Annual premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto	44,273	-10.32%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	exact for 2007	
Doe	es this filing only apply to certain territ	ory (territories) or certain classes	s?
	o, please specify: No		
•			
	ef description of filing. (If filing follows		
		lity program was introduced in 2004	
area	as for change that will help us to become	more competitive. Since this program	n has been available for less than
	ears, our experience is very limited and no		
	orce business does not renew. Coverage		specific dates (ex. weddings)
	ead of a fixed policy term of one year, etc		·
	* Adjusted to reflect all prior rate char	•	
*	 Change in Company's premium leve 	SI WITICH WIII	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

result from application of new rates.

MAY 2 0 2008

SPRINGFIELD, ILLINOIS

Markel American Insurance Company

Name of Company

Audrey J. Hanken - Senior Vice President, Marketing
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 2 1 2008

SPRINGFIELD, ILLINOIS

Form (RF-3)

	Change in Company's premium or rate	e level produced by rate revision effecti	we 8/1/08-10/1/08
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
2	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$155,000	- 6.3 %
4.	Burglary and Theft	Ψ133,000	0.5 / 0
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
_			
Does 1	filing only apply to certain territory (te	rritories) or certain classes? If so, speci	ity:
_110			
	description of filing. (If filing follows decrease for our Animal Liabili	rates of an advisory organization, speci ty Program	ify organization):
** C	djusted to reflect all prior rate changes hange in Company's premium level where the sult from application of new rates.		
		3.6	1.17
		<u>M</u>	arkel Insurance Company
			Name of Company
		n.	eidre Balbuena, Vice
			esident
		Pr	Official - Title
			Omciai - Inte

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR MAY 1 2 2008 SPRINGFIELD, ILLINOIS SUMMARY SHEET

Form (RF-3)

	Change in Company's premium or ra	te level produced by rate revision effective	June 1, 2008
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		·
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	33,383	8.7%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13. 14.	Commercial Multi-Peril		`
14.	Crop Hail Other		
15.	Line of Insurance		
Does to No	filing only apply to certain territory (t	erritories) or certain classes? If so, speci	fy:
Insu	rance Services office, Inc. (ISC	s rates of an advisory organization, speci D) tained in ISO Reference Number C	
** C	djusted to reflect all prior rate change in Company's premium level vesult from application of new rates.		
		Na	tional American Insurance
			Name of Company
		Jer	nnifer Carr, Rate & Form
			alyst
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	08-01-08 NB, 09-01-08 REN
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto	\$845,656	1.0%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance		
Line of insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, speci-	fy: No
zooc ming only apply to contain termony	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Brief description of filing. (If filing follows	rates of an advisory organization, specify	organization):
We are filing to adopt revised rates appli	icable for Commercial Umbrella policies.	
- 1		
#Aditional designation of the second	_	
*Adjusted to reflect all prior rate changes		••
""Change in Company's premium level v	vhich will result from application of new rat	es.
	Nationwide M	lutual Insurance Company
	. <u>INAUOHWIQE IV</u>	Name of Company
	Marie Sa	freed, State Filing Specialist
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

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ILLINOIS DEPARTMENT OF INSURANCE

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto	5,800,233	+ 8.7
Burglary and Theft		
. Glass		
. Surety		
Boiler and Machinery		
0. Fire 0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other		
Line of Insurance		
Does filing only apply to certain territory (ter Brief description of filing. (If filing follows r Number GL-2007-BGL1		
Adjusted to reflect all prior rate changes. *Change in Company's premium level whic	th will recent from application of new rate	9 S .
*Change in Company's premium level which the company is premium	RANCE Naviga	tors Insurance Company
WISION OF LILLINGIE	Ne	Name of Company
T DISTATE OF THE	\	• •
PE-	nn8 /	oanne Burns, AVP
/ MAY 20	1	Official – Title
	LLLINOIS	
CODINGFIELD), ILLINOIS	
Spoingfield	O, ILLINOIS	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change	e in Company's premium or rate level _l	produced by rate revision effective	6/1/2008 NB & RB
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Au	tomobile Liability Private		
,	Passenger Commercial		
2. Au	tomobile Physical Damage		
	Private Passenger Commercial		
3. Lia		\$2,405,912	13.1%
	irglary and Theft		
	ass		
6. Fig	delity		
	ırety		
	piler and Machinery		
9. Fir	e		
10. Ex	tended Coverage		
11. Inl	and Marine		
12. Ho	omeowners		
13. Co	ommercial Multi-Peril		
14. Cr	op Hail		
15. Ot	her		
	Line of Insurance		
Does fi	ling only apply to certain territory (terri	tories) or certain classes? If so, specify:	
	1 17 6 6 17 a 17 6 6 17 a 1 6 - 11 a 1 a 1 a 1		enization):
	- · · · · · · · · · · · · · · · · · · ·	s of an advisory organization, specify org	anization): ISO
Please re	efer to the enclosed Actuarial Memorandum.		
*	ted to reflect all prior rate changes.		
		will result from application of new rates.	
Cilai	ge in Company's premium level which	Will result from application of new rates.	
		The Ohio Ca	sualty Insurance Company
			ame of Company
			
		Kelly Joslyn. Sr	. Technician, Regulatory Filing
			Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR PRECEIVED

MAY 1 5 2008

(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	voidine (illinois)	Orlange (· or)
Automobile Liability		
Private Passenger		
Commercial 2. Automobile Physical Damage		
Private Passenger		
Commercial		
B. Liability Other Than Auto	\$1,853,177.45	6.41%
Burglary and Theft	Ψ1,000,177.40	
. Glass	· · · · · · · · · · · · · · · · · · ·	**
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
). Fire	· · · · · · · · · · · · · · · · · · ·	
). Extended Coverage		
I. Inland Marine		
2. Homeowners		
B. Commercial Multi-Peril		
. Crop Hail		
5. Other		_
	territories) or certain classes? If so, speci	fy: No, filing applies to all
rritories within the state rief description of filing. (If filing follows of the crease of 6.41% for our Personal Umbr	rates of an advisory organization, specify	organization): <u>An overall rat</u>
rritories within the state rief description of filing. (If filing follows a crease of 6.41% for our Personal Umbrare are proposing an effective date of Mare Adjusted to reflect all prior rate change	rates of an advisory organization, specify ella Program. ay 29, 2008 and a renewal date of July 8,	organization): <u>An overall rat</u> 2008.
rritories within the state rief description of filing. (If filing follows in the crease of 6.41% for our Personal Umbrate are proposing an effective date of Management of the company of the compa	rates of an advisory organization, specify ella Program. ay 29, 2008 and a renewal date of July 8, ges. I which will result from application of new	organization): <u>An overall rat</u> 2008. rates.
ritories within the state ief description of filing. (If filing follows in the state of th	rates of an advisory organization, specify ella Program. ay 29, 2008 and a renewal date of July 8, ges. I which will result from application of new	organization): <u>An overall rat</u> 2008. rates. unce Company of Illinois
rritories within the state ief description of filing. (If filing follows or crease of 6.41% for our Personal Umbreare proposing an effective date of Ma	rates of an advisory organization, specify ella Program. ay 29, 2008 and a renewal date of July 8, ges. I which will result from application of new	organization): <u>An overall rat</u> 2008. rates.
ritories within the state ief description of filing. (If filing follows in the state of th	rates of an advisory organization, specify ella Program. ay 29, 2008 and a renewal date of July 8, ges. I which will result from application of new Safeco Insura	organization): <u>An overall rat</u> 2008. rates. unce Company of Illinois

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	08/01/2008
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1 Automobile Liebility Private		•
Automobile Liability Private Passenger Commercial	\$0	0%
Automobile Physical Damage	Ψ	
Private Passenger Commercial	\$0	0%
3. Liability Other Than Auto	\$19,188,640	-1.13%
Burglary and Theft	\$1,539,684	0%
5. Glass	\$0	0%
6. Fidelity	\$6,327,970	0%
7. Surety	\$29,057,840	0%
8. Boiler and Machinery	\$0	0%
9. Fire	\$0	0%
10. Extended Coverage	\$0	0%
11. Inland Marine	\$0	0%
12. Homeowners	\$0	0%
13. Commercial Multi-Peril	\$0	0%
14. Crop Hail	\$0	0%
15. Other N/A Line of Insurance	N/A	N/A
Brief description of filing. (If filing follows	rates of an advisory organization, specify policy available within Travelers Casualty associated with multi-year policies:	organization): This filing proposes the
2) The exclusion of ID Fraud from th	e coverages considered in calculating the	Coverage Combination Discount; and
	nization Directors, Officers and Trustees Li	
Employment Practices Liability co	overages to those available within the Wraj	o+ package policy.
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	S.
	Travelers Casualt	y and Surety Company of America
		Name of Company
	Carol Had	Carol Hall - Actuary
		Official - Title
DIVISION OF INSUF STATE OF ILLINOIS/ID PRECEIVE	E D	
MAY 0 5 2008	3	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level p	produced by rate revision effective	6/1/2008 NB & RB
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	Volume (minois)	Ghange (- Or)
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	\$1,313,245	13.1%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (territ	tories) or certain classes? If so, specify:	
			tankina).
		s of an advisory organization, specify orgar	nization):ISO
Plea	se refer to the enclosed Actuarial Memorandum.		
+4-	iit.d.t. unfloat all prior rate abango		
	ljusted to reflect all prior rate changes. hange in Company's premium level which	will regult from application of new rates	
C	nange in Company's premium level which	will result from application of new rates.	
		West America	an Insurance Company
			e of Company
		Nam	e or company
		Kelly Joslyn Sr T	echnician, Regulatory Filing
			ficial – Title
		o.	



ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le		evel produced by rate revision effective		08/15/2008	
	(1)	(2) Annual Premium		(3 Pero	
	Coverage	Volume (Illinois)*		<u>Change (</u>	
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial		•		
	Liability Other Than Auto Burglary and Theft	\$520,387		37	.0%
5.	Glass Fidelity				
7.	Surety		ON		
	Boiler and Machinery	STA	FE OF	SF INSURANCE LINESIDERE	
	Fire			EIVED	
	Extended Coverage Inland Marine		BIAN	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u> </u>
	Homeowners		IVI A T	2 8 2008	
	Commercial Multi-Peril				
14.	Crop Hail	SPR	NGF	IELD, ILLINOIS	
15.	OtherLine of Insurance				
		(territories) or certain classes? If so, sp	ecifv:		
	applicable				
(2) (3) (4)	Inges: Change in name of Purchasing Group Adoption of minimum premiums which Change in structure of Class Particula stractors/Searchers, and Escrow/Clos Change in factor application for those	arities factors to be applied to the portion	ons of	business operation	s for Title Agents,
		that use software for all escrow and cremium instead of total policy premium,		g activities to apply o	only to the portion
(6) por	Change in factor application for thos tion of Escrow Agents and Closing Agents	e that use reconciliation software to be gents premium instead of total policy pr	alanc emiu	e trust accounts to m.	apply only to the
<u>Ch</u>	ange (1) is a notification of the name	change of the Purchasing Group and w	<u>ill hav</u>	ve no rate impact.	
Ba	ange (2) is being made to unify the rased on our current book of countrywice 0%.	ating structure for all states. This structure policies, changes (2)-(6) are expected	ture is	s currently in place in produce an overall re	n 34 of the states. ate level impact of
	ljusted to reflect all prior rate changes hange in Company's premium level v	s. which will result from application of new	rates		
		Zurich		rican Insurance Cor Name of Company	mpany
•			Card	ole Amato - Analyst Official - Title	